



INSPECTION TITLE SHEET

Section 1: Inspectors Information

Inspector Name: _____

Mailing Address: _____

Phone: _____

Fax: _____

Email: _____

Select one:

- ☐ Licensed Inspector
☐ Engineer
☐ Architect
☐ Other

Section 2: Property Address/Project Information

Number	Street	City	County	Zip Code

OR

Lot	Block	Section

OTHER LEGAL ADDRESS: _____

BUILDER - ASSIGNED PERMIT NO: _____

CONTRACTOR NAME: _____

- | | |
|--------------------------|------------------|
| <input type="checkbox"/> | New Construction |
| <input type="checkbox"/> | Remodel |
| <input type="checkbox"/> | Addition |

Section 3: Type of Inspection

_____ Foundation, Steel, Drainage, & Plumbing Rough-In Date of Inspection: _____

_____ Framing, Mechanical and Delivery Systems Date of Inspection: _____

_____ Final Date of Inspection: _____

Section 4: Certification

The undersigned Inspector certifies that he has inspected the above-referenced property in accordance with the stage(s) indicated above and the construction is in substantial compliance with the building code applicable to this property. Inspection by the undersigned inspector is limited to visible and accessible areas at the time of the inspection. This inspection is not a home warranty, guarantee or insurance policy.

INSPECTOR'S SIGNATURE _____ Date _____